

**Commercial Mortgage Banker Application
Application Guidelines**

Section 1

Page 1 of 1

Attention Applicants

This Department will only accept:

- Current application documents
 - Legibly completed forms
 - Complete application packets
- Refer to the instructions & checklist provided

Make all checks payable to:

“Arizona Department of Financial Institutions”
and

Mail the entire completed application packet all together to:

Arizona Department of Financial Institutions

Licensing Division

2910 North 44th Street, Suite 310

Phoenix, AZ 85018

Make Copies of Your Entire Application Package Before Submission:

- The Department cannot make copies for you.
and
- If there are questions during the processing of your application, you will have the information available for reference.



Commercial Mortgage Banker Application

Instructions

Section 2

Page 1 of 3

Application Instructions for License under Arizona Revised Statutes § 6-971 et seq.

Important: If you are originating loans in Arizona, you must have an Arizona business location with a qualified Arizona resident as your responsible individual. There are no exceptions.

Please read the following carefully before you complete the enclosed documents.

The enclosed application package is to be used by all applicants: individuals, partnerships, corporations or business trusts. You must complete all forms. Information cannot be copied from other documents that you may have submitted previously.

To submit an application to the Arizona Department of Financial Institutions you *must* have the following completed with the appropriate agencies and a copy of the approved document(s) attached to your application.

Application Name: The application name must be identical on all forms (e.g., articles, application, trade name certificate, bond, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, L.L.C." would not be "Company Name LLC"). Failure to submit the required documents will delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us .	Arizona Secretary of State 14 N. 18 th Avenue, Phoenix, AZ 85007 Telephone (602)542-6187 or www.azsos.gov
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If you wish to apply as a Corporation, contact the Arizona State Corporation Commission. You *must* submit an approved copy of your articles of incorporation and any amendments thereto with your application.

If you wish to apply as a Foreign Corporation, contact the Arizona State Corporation Commission. If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

If you wish to apply as a Limited Liability Company, contact the Arizona State Corporation Commission. They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

If you wish to apply as a Partnership, contact the Arizona Secretary of State. Limited Partnerships or Foreign Limited Partnerships *must* provide an approved copy of your partnership agreement.

If you wish to apply as a Sole Proprietorship / Individual, contact the Arizona Secretary of State. You *must* use your own name when filing as an individual, otherwise you must register your DBA or trade name. See DBA/Trade Name below.

If you wish to apply as a DBA/Trade Name, contact the Arizona Secretary of State. To do business under a "DBA" or a "trade name", you must register your DBA or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application. You are only allowed to do business in Arizona under one name only.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.

Other Application Requirements

Bond: At the time of application the applicant must provide this department with an original continuous surety bond. A bond form is included for your use. Surety bond requirements are either \$25,000 or \$100,000. The amount of the bond is \$25,000 for licensees whose investors are limited solely to institutional investors and \$100,000 for licensees whose investors include any other investors. Institutional investors are defined as; state or national banks, state or federal savings and loan associations, state or federal savings banks, state or federal credit unions, federal government agencies or instrumentalities, quasi-federal government agencies, financial enterprise, licensed real estate brokers or salesmen, profit



Commercial Mortgage Banker Application

Instructions

Section 2

Page 2 of 3

sharing or pension trusts and insurance companies. The applicant as principal and a surety company that is authorized to conduct business in this state must execute this bond. Only one bond is required. Separate bonding of branch offices is not required. Your insurance company can assist you in obtaining a bond. Bonding companies often take several weeks to issue a commercial mortgage banker's bond. In some circumstances a certificate of deposit can be substituted in lieu of a bond. Refer to the statutes for more information concerning the requirements for the certificate of deposit.

Personal History Statement (PH) And Fingerprint Card (FP): If the applicant is an individual (s)he must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the (5) highest corporate officers and by the Responsible Individual who must also be an employee and active in the management of the corporation. In the event the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. Each member of a Limited Liability Company must complete the PH and FP card. The Personal History Statements and Fingerprint Cards must be submitted to this department as part of the original application package. Do not leave any questions unanswered. Fingerprints must be done by a law enforcement agency. The personal profile information on the top portion of each card *must* be completed. Prior to submitting a completed application, you will need to request the appropriate number of fingerprint cards from this website. Fingerprint fees must be submitted on a separate check from all other fee types. Our fingerprint cards must be used. Review Fingerprint Card Instructions sheet enclosed. The FBI will reject incorrect cards and retakes will be required.

Responsible Individual: Please read carefully. In order to qualify for a license, the individual applicant or, if the applicant is other than an individual, the responsible individual must meet the following qualifications. (See Question 10 on application.) Qualifying the responsible individual on a license application is a very important part of getting your license approved.

1. Have not less than three years experience in making mortgage banking loans or equivalent lending experience in a related business. The responsible individual must have past or current employers provide original verification letters of employment with job description on that company's letterhead. We will not accept resumes, personal references or education as proof of job experience. The individual applicant or the responsible individual must also be a bona fide resident of the State of Arizona on the date of the application for license. Enclose a copy of your Arizona driver license with your application.
2. Applicants must intend to engage in the business of making Commercial Mortgage Banking Loans. A Commercial Mortgage Banking Loan means a loan, that is directly or indirectly secured by a mortgage or deed of trust or any lien interest on commercial property and created with the consent of the owner of the commercial property.
3. **Financials:** Provide the Superintendent with a current (less than 12 months) original bound audited financial statement prepared by an independent Certified Public Accountant in accordance with GAAP including.
 - a. The certified public accountant's opinion as to the fairness of the presentation accordance with GAAP.
 - b. A balance sheet prepared within the immediately preceding six months and certified by the licensee. A more current balance sheet may be required.
 - c. If the applicant has begun operation, a statement of operations and retained earnings and a statement of changes in financial position.
 - d. Notes to the financial statement if applicable.
4. Have and maintain at all times a net worth of at least one hundred thousand dollars (\$100,000).

W-9: A completed W-9 form must be included with your application package.

Verification Of Licenses Issued By Other States: If the applicant holds like or similar licenses from other states copies of the licenses must be included. If you are licensed in more than five (5) states, only include copies from five (5) states. Example: If you are licensed in 30 states as a mortgage lender then you only need to include copies of current licenses from (5) states.



Commercial Mortgage Banker Application

Instructions

Section 2

Page 3 of 3

Application / Licensing Information

Include all documentation when you submit the application. Review “Checklist” for assistance in submitting a complete application packet. Do not leave any questions unanswered. If a question does not apply to you or if the answer to the question is “none,” so state on the application. Incomplete forms, inaccurate information or applications packets (missing documents) will not be accepted. This may result in a substantial delay. In the event your application is returned to you, or if additional information is requested, your prompt response will help improve processing time. If you fail to provide the necessary information in a timely manner, your license application may be withdrawn and you will have to reapply and pay the appropriate fees again. Until the Superintendent of Financial Institutions has issued the license, you cannot conduct the activity of a commercial mortgage banker as defined in Arizona Revised Statutes § 6-971.

Derogatory Credit or Criminal Issues: Provide written explanation and proof of resolved derogator credit and criminal issues. Good credit and criminal history is required on everyone submitting a personal history form especially the responsible individual.

Estimated Processing Time Is 120 Days From Date Of Receipt: If you submit out-dated forms, the application package will be returned to you and you will need to resubmit the application packet using current forms. Make photocopies of the completed forms for your records. Our office cannot provide you with copies.

License Issued: A license issued prior to or on the renewal date must renew for the new licensing year. You may choose to delay the issuance of the license until the beginning of the new licensing year if you submit your application no more than forty-five (45) days prior to the new licensing year and your written request of postponement accompanies your application. The licensing year is April 1st through March 31st.

Fees: (NOTE - Application Fees are Non-Refundable)

Application fee of fifteen hundred dollar (\$1,500.00) must accompany the application package. If you are applying for more than an Arizona principal location, whether it is in or outside of Arizona a five hundred-dollar (\$500.00) application fee must be included for each additional office.

Fingerprint processing fee is twenty-nine dollar (\$29.00) for each fingerprint card. The cards and fees must be included with your application. Only one card per person. Please submit a separate check for the total amount of all fingerprint fees.

Licensing Fee is one thousand two hundred fifty dollars (\$1,250.00) for the first office and two hundred fifty dollars (\$250.00) for each branch office. Do not send the licensing fee with your application. The licensing fee is pro-rated. Upon application approval, this Department will notified you of the pro-rated licensing fee.

Renewal Applications are mailed out 30 to 45 days before your renewal date. The completed renewal documents and fees must be received in our office not later than the last day of the licensing year. The Department suggests that you establish adequate internal procedures to follow up on the timely receipt and submission of the renewal application and fees. The Department mails the renewal forms as a courtesy to the licensee. It is the responsibility of the licensee to timely renew its license(s).

Renewal Fee is one thousand two hundred fifty dollars (\$1,250.00) principal place of business and an additional two hundred fifty dollars (\$250.00) for each branch office.

www.azdfi.gov: Check our website for verification of licensees who have an active license. Our website is updated on a regular basis. Click on “List of Licensees” then click on the license type you wish to verify. Press “Control + F” and type the name or the license number, then click “Find Next.” This should take you to that license.



Commercial Mortgage Banker Application

Statutes and Rules

Section 3

Page 1 of 1

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at www.azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6-126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6-1301 through 6-1310	60
Collection Agencies	A.R.S. Section 32-1001 through 32-1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6-971 through 6-985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6-601 through 6-675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6-701 through 6-716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6-1251 through 6-1263	120
Escrow Agents	A.R.S. Section 6-801 through 6-847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6-1201 through 6-1219	120
Mortgage Brokers	A.R.S. Section 6-901 through 6-910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6-941 through 6-948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44-281 through 44-295	45
Premium Finance Companies	A.R.S. Section 6-1401 through 6-1419	120
Trust Companies	A.R.S. Section 6-851 through 6-867 Rules R20-4-801 through R20-4-816	150



Commercial Mortgage Banker Application

Check List

Section 4

Page 1 of 1

- ☐ One check for the \$1,500 application fee
- ☐ And one check for the total number of fingerprint cards (1 card per person)
\$29.00 fee per fingerprint card (# of cards _____ x fee = \$ _____)
- ☐ Application (name sensitive) signed and notarized
- ☐ Surrender Agreement (name sensitive) signed and notarized
- ☐ W-9 Form/request for taxpayer identification
- ☐ Bond (name sensitive) signed and notarized by surety and applicant
- ☐ Verification of net worth from audited financials ☐ \$100,000.00
- ☐ Copies of FHA, VA, FNMA, FHLMC & HUD approval if applicable
- ☐ Current original bound audited financial statement from CPA (under 12 months)
- ☐ Current signed Balance Statement and Profit & Loss Statement (under 2 months)

• **The following items, if applicable**

- ☐ Current original bound audited Financial Statement from CPA on parent company
- ☐ Current signed Balance Statement and Profit & Loss Statement on parent Company
- ☐ Personal Financials on the individuals who own the company
- ☐ Articles Of Incorporation (approved copy) ☐ Amendments
- ☐ Articles Of Organization (approved copy) ☐ Amendments
- ☐ Foreign Authority to do business in Arizona (approved copy)
- ☐ Certificate Of Good Standing
- ☐ Trade Name Certificate (approved copy from Arizona Secretary Of State)
- ☐ Partnership Or Joint Venture Agreement (approved copy)
- ☐ Enclose copies of licenses held in other states (up to 5)

• **For each of the top 5 officers and the responsible individual (RI)**

- ☐ Personal History Statements (signed and notarized in both locations)
- ☐ Driver License: copies for owners/officers & RI (responsible individual requires an AZ Drivers License.
- ☐ Fingerprint Cards (Follow fingerprint instruction sheet exactly or cards will be denied. No highlighting.)
- ☐ Letter of explanation for derogatory credit and/or criminal history issues.
- ☐ Responsible Individual (RI) only: Current or former employer(s) provide original verification letters for Commercial Mortgage Lending -experience for three (3) years (required by state statute)

• **Did you remember to:**

- ☐ Answer all questions on all forms or complete with "None" or "N/A."
- ☐ Sign and notarize all documents where applicable.
- ☐ Make copies of the completed application packet for your records.
- ☐ Type or Print all information on all documents.

Company name in Arizona: You cannot use Trust, Savings, Bank or Banc in your name. You cannot indicate you are a Corporation, LLC or Partnership, LLP in your name unless you are one. You cannot use a name that is similar to any names already being used by our Department.

Make checks payable to: Arizona Department of Financial Institutions



Commercial Mortgage Banker Application Fingerprint Card Instructions

Section 5

Page 1 of 2

Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under “Personal History Statement & Fingerprint Card” for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website www.azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card Per Person

- **ORI Field on fingerprint card must have Phoenix, AZ information or be blank.** It cannot have another State’s information in that field. Do not use white out material.
- **Do not use a highlighter on the fingerprint card.** The FBI’s scanners cannot record the information if the card contains highlighter.
- **Do not overlap the borders of the block in which you enter information.** The scanners cannot read information that overlaps the block.
- **Do not use whiteout on the fingerprint card.** If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- **Do not overlap any information into the actual fingerprint area.**
- **Do not enter any information in the block entitled “Employer and Address”.** The Department will enter this information.
- **Do not enter any information in the block entitled “Reason Fingerprinted”.** The Department will enter this information.
- **Do not alter any preprinted information on the fingerprint card.**

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

Make check payable to: Arizona Department of Financial Institutions



Commercial Mortgage Banker Application

Fingerprint Card Instructions

Section 5

Page 2 of 2

Note

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.

APPLICANT		LEAVE BLANK //Leave Blank//		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME _____ MIDDLE NAME _____		FBI LEAVE BLANK //Leave Blank//	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR //Leave Blank//		DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX <u>MALE</u> RACE <u>WHT</u> HGT <u>5'10"</u> WGT <u>175</u> EYES <u>BLU</u> HAIR <u>BRN</u>		PLACE OF BIRTH <u>POB</u>	
DATE _____ SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____		FOUR NO. <u>OCA</u> //Leave Blank//		LEAVE BLANK //Leave Blank//			
EMPLOYER AND ADDRESS //Leave Blank//		FBI NO. <u>FBI</u>		CLASS _____			
REASON FINGERPRINTED //Leave Blank//		ARMED FORCES NO. <u>MNU</u>		REF. _____			
		SOCIAL SECURITY NO. <u>SOC</u>					
		MISCELLANEOUS NO. <u>MNU</u> //Leave Blank//					

1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				1. THUMB		2. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

Sample



Commercial Mortgage Banker Application Bond

Section 6

Page 1 of 1

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS, That we, _____

_____, as Principal, and _____, a Corporation, qualified and authorized to do business in the State of Arizona as Surety, are held and firmly bound unto the State of Arizona for the use and benefit of any injured person, in the sum of \$_____, lawful money of the United States of America, to be paid to any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees and to the State of Arizona for the benefit of the person injured, for which payment well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal has made application to the Superintendent of Financial Institutions of the State of Arizona for license as a Commercial Mortgage Banker within the meaning of Title 6, Chapter 9, Article Three, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a bond in the sum named above, conditioned as herein set forth:

NOW, therefore, if the Principal shall strictly, honestly and faithfully comply with the provisions of Title 6, Chapter 9, Article Three, Arizona Revised Statutes, and shall pay all damages suffered by any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees, or both, growing out of any transaction governed by the provisions of such statutes, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall become effective on _____, and shall remain in force until the Surety is released from liability by the Superintendent of Financial Institutions, or until this bond is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder by giving thirty days written notice to the Principal and to the Superintendent of Financial Institutions of the State of Arizona.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, the seal and signature of the Principal hereto is affixed, and the corporate seal and the name of the Surety hereto is affixed and attested by its duly authorized officers at _____ this (date) _____

(Company Name)

Print Name of Principal Officer

By: _____

Signature of Principal Officer

COUNTERSIGNED:

If applicable

BY: _____

Arizona Resident Agent

By: _____

Signature of Surety Company



Commercial Mortgage Banker Application

License Surrender Agreement

Section 7

Page 1 of 1

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

(Name of Company)

By: _____ (print) _____
(Signature of Principal Officer) (Name of Principal Signer)

Date: _____ (print) _____
(Title of Principal Signer)

NOTARIZATION OF SIGNATURE

State of _____)
) ss.
County of _____)

Subscribed and Sworn to before me, this _____ day of _____
year of _____ at _____
(City and State)

Notary Public

My Commission expires _____

Arizona Department of Financial Institutions		
Commercial Mortgage Banker Application Application		
		Section 8 Page 1 of 7

This application must be completed by typewriter or legibly printed.

Filing as a: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Individual ☐ Other

1. Primary Address: (Name that has been approved for use in Arizona by the Arizona Corporation Commission)

Company Name:		Federal Tax ID Number:	
Doing Business As:			
Address Line 1:			
Address Line 2:			
City:		State: AZ	Zip Code:
Telephone Number:		FAX Number:	
Business Web Page Address:		E-mail Address: (Required)	

2. Mailing Address, if different from above:

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

3. Domicile (legal presence) State where Organized or Incorporated:

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Telephone Number:	FAX Number:	

4. Parent Company - If applicable: (Required to provide audited financials & ownership/shareholders interest of Parent.)

Company Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

5. Name of Statutory Agent:

6. Place of organization or incorporation:

Date:

Have you included the **approved** copy of the articles of incorporation, articles of organization or partnership agreements:

☐ Yes

☐ No

7. Date of authorization

This applies to foreign corporations, foreign limited liability companies, partnerships and business trusts only.
A copy of the Arizona Corporation Commission Certificate must be received prior to issuance of the license.

Have you included a copy of the Authorization?

☐ Yes

☐ No

8. List all names, locations of branches:

Branch Name:		
a.		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Branch Name:		
b.		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Branch Name:		
c.		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Branch Name:		
d.		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Branch Name:		
e.		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

List additional branches on a separate sheet.
 Add any locations as Branch Offices if they are contacting Arizona Residents. Application fee per branch is \$500.00
Do not include the Arizona principal location as a branch.

Arizona Department of Financial Institutions		
<h1 style="text-align: center;">Commercial Mortgage Banker Application</h1> <h2 style="text-align: center;">Application</h2>		
		<div>Section 8</div> <div>Page 3 of 7</div>

9. Current Ownership. If applicant is owned by an entity provide audited financials. If owned by individuals provide names and percentage of each person. All individuals owning 20% or more of the voting shares in either the applicant or the entity (as owner) must complete the personal financial, personal history statement fingerprint card and fingerprint processing fee.

Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
<div>List additional owners on a separate sheet.</div> <div>Must total 100%</div>		Total Ownership

10. ARIZONA RESPONSIBLE INDIVIDUAL (“RI”): It is your responsibility to provide a qualified individual for this position. This person must; 1) have three (3) years verifiable work experience as a mortgage banker or equivalent experience in a related business originating loans (see A.R.S. 6-943.F); 2) also be a person of stability as indicated by their credit report and employment history. 3) be an Arizona resident. 4) be a W2 employee for your company. Resumes and personal references are not proof of work experience. The Responsible Individual Candidate needs to list on a separate sheet of paper all the licensees he/she is currently a responsible individual or employee/sub-contractor with. This list should be attached to the completed Concurrent Employment form (section 9).

Name:		Title:	
Arizona Driver's License Number:			
Is the Arizona Responsible Individual a full time Arizona resident?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have original letters from current and past employers been enclosed verifying job experience? Verifications must be on that Company's Letterhead.			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has Employer reviewed Credit History with employee? Must be credit worthy			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position with This Company:		Years in Business:	
Dollar volume of loan origination (principal amount of the loans only)		From date:	To date:

11. List the directors, partners, members or the top (5) officers whichever is applicable. These individuals are required to complete our personal history statement fingerprint card and fingerprint processing fee. You will need to keep this information current with our Department at all times.

a. Name	Capacity	Years in Business
Experience as a mortgage banker or equivalent experience in a related business.	Capacity	Years in Business
Address:		
City:	State:	Zip Code:
b. Name	Capacity	Years in Business
Experience as a mortgage banker or equivalent experience in a related business.	Capacity	Years in Business
Address:		
City:	State:	Zip Code:
c. Name	Capacity	Years in Business
Experience as a mortgage banker or equivalent experience in a related business.	Capacity	Years in Business
Address:		
City:	State:	Zip Code:

Arizona Department of Financial Institutions		
<h2 style="text-align: center;">Commercial Mortgage Banker Application</h2> <h3 style="text-align: center;">Application</h3>		
		<div>Section 8</div> <div>Page 4 of 7</div>

...continuing directors, partners, members or the top (5) officers:

d. Name	Capacity	Years in Business
Experience as a mortgage banker or equivalent experience in a related business.	Capacity	Years in Business
Address:		
City:	State:	Zip Code:
d. Name	Capacity	Years in Business
Experience as a mortgage banker or equivalent experience in a related business.	Capacity	Years in Business
Address:		
City:	State:	Zip Code:

12. Name of firm or agency that audits your financials:

Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Telephone Number:	FAX Number:	

13. Current Audited Financial Statement. The applicant must include with this application, a **bound** copy from the CPA of the most current audited financial statement or that of its parent company prepared by an independent certified public accountant in accordance with generally accepted accounting principles. This must include a statement of operations and retained earnings and a statement of changes in financial position. This must also include the certified public accountant's opinion as to the fairness of the presentation in conformity with generally accepted accounting principles. It must also include notes to the financial statement.

If the audited financial report was prepared more than six (6) months prior to the date this application is filed, we will require a current balance, income & loss statement which has been certified by the applicant.

Have you included the most current bound audited financial report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you included a current (previous month) balance, income and loss statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Net worth for each month-end from the date of the last audited financial statement:			
Date:	Net Worth:	Date:	Net Worth:
Date:	Net Worth:	Date:	Net Worth:
Date:	Net Worth:	Date:	Net Worth:

14. Provide the following information as of the end of your most current fiscal year:

Total assets: \$	Unpaid balance of loans that you have contracted to service for others: \$
Company's Loan Volume for Past Year: \$	Company's Loan Volume for Current Year: \$

15. Complete the following with which you are authorized to do business:

Authorized by	Mortgagee No.	Date Approved	Ever Suspended
a. <input type="checkbox"/> FHA (Federal Housing Administration)			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. <input type="checkbox"/> VA (Veterans Administration)			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. <input type="checkbox"/> FNMA (Federal National Mortgage Association)			<input type="checkbox"/> Yes <input type="checkbox"/> No
d. <input type="checkbox"/> FHLMC (Federal Home Loan Mortgage Company)			<input type="checkbox"/> Yes <input type="checkbox"/> No
e. <input type="checkbox"/> Other (Provide name)			<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: For each of the above (15. a, b, c, d and e) you check, provide a copy of the approval. For each suspended Yes box you checked give full details on separate sheet.

16. Do you use any investors that are not institutional investors?

If yes, you must carry a larger bond amount. Refer to A.R.S. 6-943.H & I for bond amounts:

☐ Yes
 ☐ No

17. Below list five lenders to whom you sell and/or for whom you service mortgages, or those that you are considering selling to or servicing for, indicating full name, address, phone number and person(s) to contact.

a. Name			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Contact Person:		Telephone Number:	
b. Name			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Contact Person:		Telephone Number:	
c. Name			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Contact Person:		Telephone Number:	
d. Name			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Contact Person:		Telephone Number:	

Arizona Department of Financial Institutions		
Commercial Mortgage Banker Application Application		
		Section 8 Page 6 of 7

...continuing list of lenders:

e. Name		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

18. Read Carefully. List all occupational or professional licenses that apply to the applicant or any officer, director, trustee, member, partner, sole proprietor, or responsible individual of the applicant that has been denied or refused a license, or holds or has held a license which has been surrendered, revoked, suspended or had an Administrative Action/Order issued against it by any state or federal government agency.

Name on License	Type of License	
Name of Licensing Agency	Type of Action	Date of Action
Name on License	Type of License	
Name of Licensing Agency	Type of Action	Date of Action
Name on License	Type of License	
Name of Licensing Agency	Type of Action	Date of Action
Name on License	Type of License	
Name of Licensing Agency	Type of Action	Date of Action

Write "None" or "NA" if not applicable.
Attach separate sheet if necessary.

19. State whether the applicant or any officer, director, partner, member or trustee of the applicant or responsible individual has:

a. been convicted of any criminal offense other than a traffic violation: If yes, furnish complete details on a separate sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. been sued in a civil action within the last 15 years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. had a final judgment issued against him/her in a civil action on account of fraud, misrepresentation or deceit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. filed bankruptcy or served in a similar capacity to an entity that filed bankruptcy within the last 15 years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. had an order entered against him/her by an administrative agency of Arizona, the federal government or any other state or territory of the United States involving fraud, deceit or misrepresentation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. been indicted or informed against for forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud or like offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. been found guilty of fraud in connection with any transaction governed by Title 6, Chapter 9, Article 2 Arizona Revised Statutes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: If you answered "Yes" to any of the above (19. a thru g), you must furnish complete details on a separate sheet.)

Arizona Department of Financial Institutions		
Commercial Mortgage Banker Application Application		
		Section 8 Page 7 of 7

20. List any **Arizona** licenses (person, company name & license number) issued **by this Department** that **are held or have been held** as owners, partners, members, officers, sole proprietor, or responsible individual; by the persons named in Questions 9, 10 and 11, if any, and the capacity of the interests. (Attach separate sheet if necessary).

Individual Name:	Capacity:	
Company Name:	License #:	
Individual Name:	Capacity:	
Company Name:	License #:	
Individual Name:	Capacity:	
Company Name:	License #:	
Individual Name:	Capacity:	
Company Name:	License #:	

Attach separate sheet if necessary

21. Are you licensed in any other states in connection with the mortgage industry? If yes, provide photocopies of the actual current licenses that have been issued by the agency of Any state or federal government.	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

22. I have read and understand the Arizona Revised Statutes applicable to the license for which I have applied for with the Arizona Department of Financial Institutions	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

23. Individual to contact at the company regarding the processing of this Application:

Print Name:	Email Address:
Direct Telephone Number & Ext.:	FAX Number:

Affidavit

STATE OF _____

SS

COUNTY OF _____

I _____
print your name
 being duly sworn, depose and say that I have signed the foregoing application as _____
print your title
 of the above named applicant, having full authority to sign such application in said capacity; that I have read said application and that the information contained therein is true.

 (Date)

 (Applicant Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

 My Commission Expires

 (Notary Public Signature)

**Commercial Mortgage Banker Application
Concurrent Employment Approval Statement**

Section 9

Page 1 of 1

The undersigned applicant/licensee acknowledges that the person listed below as proposed responsible individual is concurrently employed in that capacity by other licensees. This document serves as written approval of the proposed responsible individual's concurrent employment pursuant to A.R.S. Sections 6-909(H), 6-947(H) and 6-984(G), as applicable.

Proposed responsible individual must attach a list of all concurrent employers.

Signature of Proposed Responsible Individual

Date

Print Name

The following must be executed by an owner or officer the applicant/licensee.

Signature of Applicant or Licensee

Date

Print Name

Title



Commercial Mortgage Banker Application

Personal History Statement

Section 10

Page 1 of 4

Instructions: Legibly print or type all answers. All questions and statements, must be completed. If the answer is "NONE", so state. The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. If more space is needed, use the "Remarks" section, and attach additional sheets if necessary. The information entered herein is for official use only and will be maintained in confidence.

If you are applying to be the responsible individual (RI) Mortgage Broker, Mortgage Banker or Commercial Mortgage Banker license, review H. RI on page 3 for specific requirements.

A. GENERAL:

1.

Mr. Ms. Mrs.

Position (Title/Owner/RI/AM etc.)

Circle One

Name: Last

First

Middle
2.

Residence Address: Street

City

State

Zip

Res. Phone: () -
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ **(Attach a Eligible copy of your License)**
8. Do you have a history of mental or nervous disorder? ☐ Yes ☐ No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐ Yes ☐ No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐ Yes ☐ No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐ Yes ☐ No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No
13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. ☐ Yes ☐ No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.

14. Are you presently a member of a Military Reserve or National Guard Organization? ☐ Yes ☐ No
 If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:

Have you ever been;

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐ Yes ☐ No
2. convicted, fined or imprisoned or placed on probation? ☐ Yes ☐ No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐ Yes ☐ No
4. detained, held or arrested for a traffic violation? ☐ Yes ☐ No

If the answer is "Yes" to ANY of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "I" page 3)



Commercial Mortgage Banker Application

Personal History Statement

Section 10

Page 2 of 4

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐ Yes ☐ No

2. Have you ever been refused Bond? ☐ Yes ☐ No

If the answer is "Yes", to either of the above explain in "Remarks" Section "T" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



Commercial Mortgage Banker Application

Personal History Statement

Section 10

Page 3 of 4

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

- Have you attached a legible copy of your drivers' license? ☐ Yes ☐ No
- Have you attached your completed (according to the fingerprint card instructions) fingerprint card? ☐ Yes ☐ No
- A letter of explanation and resolve of any past or current derogatory credit or criminal issues? ☐ Yes ☐ No ☐ N/A

RI Applying to be the responsible individual ("RI") (as summarized on page 1, second paragraph). You must meet the employment qualification set forth in the Arizona Revised Statutes. No Exceptions. You must provide employment verification from past and/or current employers on their professional company letterhead (provide original letters only). This verification must provide job description in terminology consistent with the equivalent and related experience outlined in the Arizona Revised Statutes and dates of employment in that qualifying capacity. Do not send W2's, resumes, personal references or education as proof of job experience.

- Have you attached the required original verification letter(s)? ☐ Yes ☐ No

I. REMARKS: (Furnish complete details attach additional sheets if necessary)



Commercial Mortgage Banker Application

Personal History Statement

Section 10

Page 4 of 4

Read, sign & notarize both top & bottom portion of this document

Affidavit

STATE OF _____)ss

COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

(Date)

(Signature)

Notarization of signature

Subscribed and sworn to before me this _____ day of _____ Year _____

My commission expires:

(Notary Public)

Affidavit (part 2)

STATE OF _____)ss

COUNTY OF _____

I, (Print Your Name) _____ in connection with (Print Company Name) _____ and pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents.

(Date)

(Signature)

Notarization of signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires:

(Notary Public)



Commercial Mortgage Banker Application

Personal Financial Statement

Section 11

Page 1 of 3

Do not use for business statement.

Legibly print or type all information.

There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A."

Schedule's, details and descriptions must be completed in space provided and by attachments if necessary.

Total Assets must equal Total Liabilities and Net Worth.

Describe any unusual assets or liabilities.

Name _____ Financial Condition As Of _____ / _____ / _____ (mo/day/yr)

Address _____ City _____

State _____ Zip _____ Occupation _____

Customer at what financial institution _____ (office)

Assets	Amount	Liabilities	Amount
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe)	
		Credit Cards	
Total Assets		Total Liabilities	
		Net Worth (Assets Minus Liabilities)	
		Total Liabilities and Net Worth	

Approximate Annual Income and Expense

(exclusive of ordinary living expenses)

Income	Amount	Fixed Expenses	Amount
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or	
		separate maintenance payments if you are	
		obligated to make them.	
Total Income		Total	

- Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
- Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)
- Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)
- Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)



Commercial Mortgage Banker Application

Personal Financial Statement

Section 11

Page 2 of 3

5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize) _____
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No
(If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)
8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? _____

Complete the following schedules

Schedule 1 - Notes and Mortgages Owned

Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

Schedule 2 - Real Estate and Buildings

Provide details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location & Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) _____

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers _____

Schedule 3 - Real Estate Encumbrances

Parcel	Amt. Owning Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #2						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #3						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #4						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #5						Yes <input type="checkbox"/> No <input type="checkbox"/>

*If any payments of principal or interest are delinquent provide details. _____

Are any taxes delinquent? ☐ Yes ☐ No (If yes, give amount and details) _____

Are there any unrecorded deeds, liens or other claims not shown above? _____



Commercial Mortgage Banker Application

Personal Financial Statement

Section 11

Page 3 of 3

Schedule 4 - Securities Owned

Please attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? _____

If in names of yourself and co-owner, are they joint tenancy? _____

Schedule 5 - Insurance

Public liability on autos \$ _____ Property Damage on Autos \$ _____

Life Insurance

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**I certify that the above information provided by me is true,
complete and correct to the best of my knowledge and belief.**

 Date

 Signature

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

☒ Taxpayer Identification Number (TIN) ☐ TIN Type ☐ Employer Identification Number (EIN) ☒ State of Arizona HRIS EIN
State of Arizona Employees ONLY

☒ Legal Name
Must match TIN above

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☐ Individual/Sole Proprietor (6I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (5O)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax reportable entity (5P)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Title

Date

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed